

City of Delta
Request for Inspection/Copying of Records

Contact Person: _____

Business Name: _____

Phone Number: _____ Fax Number: _____

Mailing Address: _____

Email Address: _____

Date of Request: _____ Time of Request: _____

RECORDS BEING REQUESTED. Be as specific as possible, including whether you require signed copies, certified copies, exhibits or other attachments (attach additional sheets if necessary).

FOR CITY USE ONLY

Cost Estimate: _____ pages @ \$1.25 = \$ _____ _____ pages @ \$.25 = \$ _____
 _____ hours @ \$20.00 = \$ _____ _____ hours @ \$110 = \$ _____

Other Fees : _____

Total Cost Estimate : \$ _____

Having received the foregoing cost estimate, I choose to confirm my request for the records described above. By my signature below, I agree to pay the charges at the time the records are made available. If the estimate is \$50 or more, I understand that a \$50 deposit is required.

Signature

Date

Deposit received _____
 Initials and Date